## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/533598 APPLICANT(S) FILING DATE

## **CLAIMS**

|                 | AS FILED   |  | AFTER 1*AMENDMENT |  | AFTER 2 MAMENDMENT                               |  |
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| 5               |  | (0)  |                   |  |  |  |
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| 10              |  | 8  |                   |  |  | 1  |
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PTO - 1360 (REV. 11/04)

|                 | AS FILED   |  | AFTER  |  | AFTER 2 MAMENDMENT                               |               |
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